

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14891

State File No. \_\_\_\_\_

FILED, APR 20 1953		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5666		Registrar's No. 37			
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union 0560					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home west of La Grange				d. STREET ADDRESS (If rural, give location) 0 (5 miles West LaGrange					
3. NAME OF DECEASED (Type or Print) Edward			a. (First)		b. (Middle) -		c. (Last) Leslie		
4. DATE OF DEATH April 13, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 25, 1886	
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Lewis County, Mo.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James A. Leslie			13b. MOTHER'S MAIDEN NAME Anna			14. NAME OF HUSBAND OR WIFE May Leslie-LaGrange, Mo.,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Leslie, LaGrange, Mo.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 hours  Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Sept 6, 1948, to April 13, 1953, that I last saw the deceased alive on Apr. 9, 1953, and that death occurred at 6:52 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Dr. Sam H. Roberts (Degree or title) M.D.				23b. ADDRESS Canton Mo.		23c. DATE SIGNED 4-17-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 16, 1953		24c. NAME OF CEMETERY OR CREMATORY Ten Mile Cemetery		24d. LOCATION (City, town, or county) (State) Ten Mile Lewis Co., Mo.			
DATE REC'D BY LOCAL REG. 4-16-53		REGISTRAR'S SIGNATURE P.W. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE J. Kenneth Bailey		ADDRESS LaGrange Mo.			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4248

P. O. Address La Grange, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.